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R.A.P.P.O.R.T.

Report And Projects/Presentation on Research Topics



PHRED
Public Health Research, Education
& Development Program



REDSP
Programme de recherche,
d'éducation et de développement
en santé publique

FROM THE EDITORS

The PHRED (Public Health Research Education and Development) program represents the shared commitment of our municipal and provincial governments to quality service delivery. Specifically the PHRED program contributes to quality service delivery by educating professional students and practitioners and by doing applied research. Applied research includes systematic reviews of the literature, benchmarking and primary studies when good evidence is not otherwise available.

The PHRED model facilitates our research and development staff to interact directly with corporate decision makers. The decision makers consist of policy makers, managers and staff. The researchers work with service providers and community members to review the literature to design researchable questions, to plan programs so they can be evaluated and to educate current and future staff.

The programs described in this issue of RAPPORT are very good examples of the "applied" nature of our research and education activities. All of these "stories" are pertinent to Hamilton-Wentworth but have implications for public health practice throughout Ontario. The stories exemplify the important interaction of researchers and educators with practitioners to improve public health service.

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URBAN MUNICIPAL

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GOVERNMENT DOCUMENTS



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ANNOUNCEMENTS

Daina Mueller was selected for the 2000 OPHA Dr. Louis Grant Award which was presented at the OPHA annual conference in Ottawa in October.

The Dr. Louis Grant Award was made possible through the sponsorship of Pasteur Merieux Connaught Ltd. The sponsorship allows OPHA to present the award annually for five years. The first presentation was in 1996. The award is a one-time, lump sum scholarship of \$1,000.00.

Alba DiCenso, Professor, School of Nursing was awarded a chair under the theme of Management of Nursing Services by the Canadian Health Services Research Foundation (CHSRF). CHSRF held a national competition in the fall of 1999 aimed at allocating funds to support health services and nursing research chairs. The new CHSRF chairs put the highest priority on education and mentoring.

Dr. Andrea Baumann has been appointed as Director of McMaster Health Sciences International effective July 1, 2000.

Dr. Baumann also is currently the Associate Dean of Health Sciences (Nursing) and Professor in the School of Nursing, Faculty of Health Sciences, McMaster University. She is chairman of Hamilton-Wentworth/McMaster/Guelph PHRED Joint Liaison Health Committee.

VISITORS

Mayor Bob Morrow and staff, including **Jane Underwood** and **Alfred Spencer**, met with delegates in July 2000 from Fukuyama, Japan, which is a Hamilton twin city. The discussion related to changes in municipal government responsibilities, especially with respect to health and social services.

Jane Underwood met with Judy Birdsell, Director of Dissemination for Alberta

Heritage Foundation for Medical Research in May, 2000 regarding dissemination of research evidence to Public Health practitioners.

Ruta Valaitis met with Faculties & Deans from the University of Colima, Mexico in September, 2000 regarding innovative strategies for Public Health Education including on-line courses and CD ROM – Stop Look & Listen.

IN THE NEWS

Smoking By-laws

Tough workplace antismoking laws prompted one in four smokers to kick the habit within six months, according to new research. Researchers examined the behaviour of workers in about 500 California cities and counties. Many workplaces banned smoking in 1990, and many municipalities passed by-laws restricting smoking. In a paper published in today's American Journal of Public Health, the researchers concluded that the tougher the laws, the more likely workers were to quit.

Globe and Mail
May 1, 2000

A striking useful way to get people to stop smoking is to not give them anywhere to do it. Working towards a society that is smoke free in public contexts is thus one of the key efforts undertaken by the Canadian Lung Association. The Lung Association has been teaming up with equally concerned allies to advocate for changes in legislation and local regulations. "We work jointly to promote non-smoking by-laws in municipalities across the province of Ontario" notes provincial Lung Association public affairs coordinator, Rosemary Colucci.

As of June 1, 2001, Toronto restaurants, dinner theatres and bowling centres will have to be smoke free unless provided with a designated smoking space, fully enclosed and vented to the outdoors. By 2004, bars, casinos, racetracks and billiard halls will have to follow suit.

Globe and Mail
May 3, 2000

A group of restaurant owners is asking the Ontario Superior Court to strike down the City of Hamilton's antismoking by-law just days before its tough new provisions take effect. The owners say the bylaw unfairly applies tough rules to public restaurants and bars while exempting similar establishments such as golf clubs, legions and private clubs. As of June 1 smoking will be banned in restaurants, unless they provide separate, ventilated rooms. Smoking will be permitted in bars as long as no one under 19 is allowed in. Seventy per cent of Hamilton voters approved of the by-law in a 1997 referendum.

Hamilton Spectator
May 25, 2000

"Today, June 1, 2000 is a significant day in public health history for Hamilton-Wentworth. The final phase in the implementation of local by-laws governing smoking in public places comes into effect in Ancaster, Hamilton, Flamborough and Dundas. As medical officer of health for the City of Hamilton/Region of Hamilton-Wentworth, I am proud that this community has acted on its concerns for public health and welfare by enacting by-laws that will significantly curtail exposure to second-hand smoke. Second-hand smoke contributes to heart disease, strokes, allergies, as well as asthma and other respiratory illnesses. The smoke-free by-laws that have been put into effect today have been put in place to protect the health of the public, especially the health of our children. I am proud that Hamilton, Ancaster, Dundas and Flamborough are among the first communities in Ontario to take such an important step in public health protection. On

January 1, Guelph, Peterborough, Windsor and the Waterloo region banned smoking in restaurants and bars. By June 1, 2001, Toronto and Peel region will be among the next wave of communities prohibiting smoking in restaurants. It won't be long before every person in every community in Ontario will be breathing easier."

Dr. Elizabeth Richardson
Hamilton-Wentworth Medical Officer
Hamilton Spectator
June 1, 2000

The battle drags on between smoke-free advocates and Hamilton restaurants. Hospitality business operators have complained that the lack of a uniform by-law across the region is discriminatory and means a loss of business. Yesterday, Hamilton council side-tracked a move by Ward 6 Alderman Bob Charters to delay enforcement of smoking by-law restrictions on hospitality spots that took effect June 1. Charters stressed he was not trying to turn back the clock on the by-law but added non-smoking enforcement should wait until a megacity by-law takes effect. He says smoke-free coffee shops and restaurants are losing business to Hamilton bars and all of Hamilton is losing customers to Stoney Creek which has less stringent rules.

Hamilton Spectator
July 5, 2000



MEET THE PEOPLE

Cathy Buffett

Acting Director

Communicable Disease Control Branch

Describe your responsibilities and role as the Acting Director of the Communicable Disease Control Branch.

I became the Acting Director in January 2000. I am responsible for the services and programs provided by the Communicable Disease Control Branch. The specific program areas include Sexually Transmitted Diseases/HIV/AIDS, Tuberculosis Control, Vaccine Preventable Diseases, Infection Control in Institutions (hospitals, nursing homes, day cares and personal services settings such as tattoo and body piercing studios), and Control of Infectious Diseases (outbreaks in the community or institutions). The Vaccine Preventable Disease programs and services include review and maintenance of immunization records of students enrolled in all schools in the region, provision of hepatitis b vaccine to grade 7 students, distribution of all publicly funded vaccines including those routine vaccines administered to all children and adults, and the annual promotion and distribution of influenza vaccines to targeted groups and institutions.

What were your accomplishments and activities before assuming this position?

Following the completion of a Master's in Science degree from McMaster (1991, Design, Measurement and Evaluation), I became the first program manager of Communicable Disease Control for the programs provided by public health nurses. Over the years, the role expanded to include management of the school immunization record system, the grade 7 hepatitis b immunization program and the development of a separate Communicable Disease Control Branch in 1995 which added three public health inspectors. The mass second dose measles immunization program in 1995 and the catch-up secondary school student hepatitis b immunization program were major challenges.

I was a 3rd year nursing student at the Roxborough (East end) Avenue office in 1976, and was under the careful scrutiny of two public health nurses, Lorraine French and Vicki Woodcox and the nursing supervisor, Evelyn Dougher. Arlene Stacy was the office secretary. I also did a 4th year placement at the Mountain office with Florence Stewart. I was hired by the late Dorothy Marshall as a public health nurse at the Lake Avenue public health office in July 1978, and had Kay Barry as my supervisor.

At that time I worked with other local public health legends such as Bernice Burrows, Bill Hunter, Joan Davidson, Marjorie Campbell, Vie Jordan, Ruth Schofield, Sam McGee, Terry Johnstone, Marguerite Casagrande, Irene Pergentile, Sandy Campbell, Karen Hurd, Cottie Ofosu and Cheryl Saunders. I then worked at the Wentworth Street Mountain Office as a public health nurse, and Alice Anderson was my supervisor. Myrtel Kirstine hired me as a nursing supervisor for maternal and child health services and in-service education in October 1981. I began a ten year career as a generic nursing supervisor, mother (1983 and 1985), school and maternal child program managers for Jane Underwood following the introduction of specialized nursing services. I have worked at all the district offices since 1978, in either capacity as a public health nurse or a manager.

What challenges and opportunities will you be facing in your new position?

The control of infectious diseases is an ever changing field, and I am constantly challenged by the need for new knowledge and approaches that must be considered. Globalization means that we must pay attention to possible new risks to the health of local citizens. Strong municipal and provincial partnerships must be maintained and interdisciplinary collaboration is essential.

The demand for information and consultation around the clock is a constant stress for everyone involved in assisting the branch. Organizational changes at all levels have become a constant. The challenge at times, is to see these changes as opportunities for fresh methods of providing excellent service.

The acting director role within the SPHS, has provided me with a very caring learning environment and continues the wonderful history I have had with forging great friendships that sustain me not only at work, but with my life experiences.

FOCUS I

Early Detection of Cancer of the Cervix

**Richardson, E., Acting General Manager
and Medical Officer of Health**

Early detection of cancer of the cervix by regular Pap tests saves lives. When women have regular Pap tests, **90%** of cervical cancers can be prevented. In addition, when women with cervical cancer are diagnosed early, they have a good prognosis.

BACKGROUND:

Canada has some of the lowest rates of cervical cancer in the world. However, within Ontario, cervical cancer is the third most common cancer among women aged 20-34, and second among women aged 35-49. In 1998, 580 Ontario women were diagnosed with cervical cancer and 150 died of the disease. In Hamilton-Wentworth, between 1993 and 1997, there were 35 deaths due to cervical cancer. This translates to an average of 7 deaths, due to cervical cancer, per year.

In Hamilton-Wentworth in 1996/97, 85% of all women aged 18 years and over reported ever having had a Pap test. The rates of cervical screening for immigrant women are considerably lower (**67%** of immigrant women compared to 90% of non-immigrant women). Conversely, **27%** of immigrant women in Hamilton-Wentworth reported never having had a Pap test, compared to 9% of non-immigrant women.

This may indicate that cultural and language barriers prevent immigrant women in Hamilton-Wentworth from seeking or receiving a Pap test.

As with many cancers, the risk of cervical cancer increases with age. However, screening practices decrease with age. In Canada, 25% of women over the age of 40 years, 40% of women over the age of 50 years, and 50% of women over the age of 60 years do not engage in regular Pap test screening. A systematic review of published and unpublished studies was completed by PHRED (M. Black, et.al.) to determine the effectiveness of strategies to increase cervical cancer screening among women. This review indicated that:

- some intervention strategies have been effective in increasing Pap smear rates, knowledge, intentions to obtain pap smears, and reducing perceived barriers and mortality;
- strategies aimed at both women and health care providers seem to be most successful; and
- strategies involving members of the intended audience (peer educators) in planning and delivery of the education message have proven beneficial.

Cervical Health Program:

The cervical health program is directed by the **Ontario Mandatory Health Programs and Services Guidelines December 1997: Early Detection of Cancer**. The mandate is to reduce mortality from cervical cancer by increasing early detection. The primary role of public health in the cervical screening program is to:

- report on community health status which includes the frequency of pap smear testing;
- emphasize prevention by promoting safe sexual practices;
- educate and promote awareness of the importance of screening with a particular focus on recruiting older women, immigrant women and women living in rural settings who are underscreened for cervical cancer;
- ensure adequate service provision by addressing barriers to accessing pap smears;
- provide pap smears in sexual health clinics.

Current Program Activities:

On June 15, 2000, Cancer Care Ontario launched the Ontario Cervical Cancer Screening Program. The goal of the program is to reduce the incidence, morbidity and mortality from cervical cancer through:

- communication and education for health care providers and women;
- improved quality assurance and evaluation of cervical screening services;
- recall and follow-up of women with abdominal Pap tests;
- recruitment of at-risk women currently not being screened.

Locally, the Program is coordinated by the Central West Cancer Prevention and Early Detection Network which is chaired by Dr. Elizabeth Richardson. The Network includes representatives from the Hamilton Regional Cancer Centre, Central West Public Health Departments, Canadian Cancer Society, Ontario Breast Screening Program, Ontario Genetics Network, Cancer Information Services, oncologists and family physicians.

Public health staff in the Healthy Aging and Wellness Program are providing the following services based on the PHRED review of effective strategies and in support of the local cervical screening program:

- collaborate with and develop capacity among ethnic communities to deliver cervical health messages and promote early detection and screening. Workshops for at-risk women are provided with Settlement Integration Services Organization (SISO) and St. Joseph's Immigrant Women's Centre. Educational materials are developed for English as a Second Language and Language Instruction for New Canadians (ESL/LINC) groups; and articles on cervical health are written for organizations such as the Aboriginal Health Centre;

- develop broad-based communication strategies to ensure that all women are aware of the benefits of regular Pap tests and the need to see their doctor for screening. Strategies include information slips with employee payroll cheques, an information segment on Cable 14, educational awareness presentations with women's groups, distribution of educational literature and telephone consultation;
- provide presentations to health care providers to improve linkages between hard-to-reach populations and mainstream health services;
- develop and evaluate pilot strategies to increase recruitment for cervical cancer screening among hard-to-reach groups such as the use of Spanish speaking lay health educators; and
- collaborate on the development of educational materials that are produced for the provincial cervical cancer screening program for front line health care providers.

FOCUS II

Staff Nurse Involvement in a Research Project Team: A Qualitative Exploration

Rush, J., Van Berkel, C., Bain, T., Baldino, T.

Research utilization implies the application of aspects of a scientific investigation in nursing care practices and policies (Polit & Hungler, 1993). There are two major components involved: using others' findings in practice, and where this does not exist, using research methods to create the evidence (Pepler, 1995). While research utilization is fast becoming a professional expectation, staff nurses have expectations, but may have limited, experience, opportunity, motivation or support for involvement in activities such as searching or appraising the literature, assuring evidence based practices, defining research opportunities or

In many settings, an emphasis on program planning and service delivery may take precedence over the assessment of services and rigorous evaluation of outcomes.

During 1999, a research project, funded by the Ontario HIV Treatment Network was implemented to begin a process of evaluation of HIV reduction programs in Hamilton-Wentworth. An objective of the project was to develop nurses' skill and knowledge about the research process. Public Health Nurses from the Communicable Disease Control and the Community Support and Research branches became members of the project team and experienced various activities such as reviewing the literature, developing questionnaires for pilot testing, examining the data, making recommendations and editing drafts of the report. Two researchers and the Program Manager supported and facilitated the process.

To describe the experience of the nurses' involvement and ascertain any change in attitudes or knowledge, a qualitative study was conducted among 5 participants: nurses from the Communicable Disease Control branch ($n=3$) and the Community Support and Research branch ($n=2$). Their experiences were shared with two senior nursing students from McMaster University, trained as research assistants for the project.

As a template for semi-structured interviews, questions were developed to elicit basic information about the nurses and to learn their perspectives about research prior to, during and following the project. One focus group was held for four nurses and the remaining staff member was interviewed by telephone. While one research assistant led the interviews, the other took detailed field notes. A summary of the content was provided for staff validation. The comments were analyzed thematically and reviewed by the participants for completeness.

Following agency approval, the interviews were conducted in August, 2000; approximately six weeks after the completion of the original project. On average, the staff had 17 years experience,

about one half of which was with public health nursing. Apart from one staff member with a graduate degree, they had never experienced being part of a research project team and their research education was limited to undergraduate coursework.

Five themes were organized from the interviews. The first related to staff thoughts about research prior to their involvement. They stated that there was little time, money, or support for research. The details about projects were rarely shared and research was intimidating. Research "belonged to others" and, as such, did not seem part of their role.

The next two themes were about the strengths and challenges of membership in the research team. They found that involvement was both challenging, fun and the term "teamwork" featured in many responses. The nurses reported that their skills increased and that they especially enjoyed administering the questionnaires to the public. Staff rated their research skill prior to and after the project on a 5-point scale where 1 meant no research skill and 5 was extensive skill. A difference of one point was noted as staff moved their self-assessment from mean scores of 2/5 (pre) and 3/5 (post). They had a sense that their services and programs were being validated and justified. On the other hand, there were concerns that attending research project meetings was time consuming and they became frustrated with how long it took to develop and pilot-test questionnaires. They were skeptical about whether the findings would be used and if they would find future support for incorporating similar activities in their roles.

The fourth theme related to using the findings of the project. All were clear that the recommendations from the project about service development and future research be implemented and that "disappointment" and "frustration" would arise if findings were shelved. The final theme related to staff thoughts about future involvement in research. They voiced satisfaction with their opportunity

FOCUS II (*cont'd*)

to participate on the HIV project and all nurses agreed that they would like to be involved in research again.

Their comments and suggestions about staff involvement included overcoming the barriers to participation: time, support, research mentors. They commented that nurses had "professional accountability for evidence based practice" and that it was their "responsibility to contribute to research".

The change in staff skill, attitude and support for research was gratifying. Their comments reflect the literature that acknowledges that there are undeniable barriers to staff involvement in research. Their insights are valuable when considering an enriched environment that includes research utilization. In creating such an environment the following activities, about role definition and administrative support are suggested for agency consideration:

- staff nurse role description and performance appraisal tools should note support for and co-operation with research projects, promoting evidence based practice, and identifying program or practice issues where a research approach may be beneficial;
- provide coverage for staff tasks when involved in research activities;
- include support for staff involvement (specifically paid time and coverage) in funding applications for research projects;
- collaborate with college, university or industry affiliates to provide staff with research mentors, facilitators and guest speakers;
- to widen connections with mentors and provide role models to staff, offer to be a setting for clinical research, inviting regional clinicians, faculty and graduate students to consider the setting for project work;
- develop educational funding opportunities
- and facilitate learning about basic research

methods, defining research questions and critical appraisal of research reports;

- when research projects are considered for the setting, assure that staff receive information about the purpose, methods, outcomes, results and, where applicable, where staff can play a role.

FOCUS III

The Family Connections Study (FCS) Effectiveness of Public Health Nurse Home Visitation in Preventing the Recurrence of Child Physical Abuse and Neglect.

Thomas, H., MacMillan, H., Boyle, M., Shannon, H.

Goal

The overall goal of this six year randomized controlled trial (RCT) was to evaluate the effectiveness of an enriched Public Health Nurse (PHN) home visiting program in preventing the recurrence of child physical abuse and neglect compared to a control group receiving standard services.

Objectives

There were two specific objectives: to determine the effectiveness of PHN home visitation in preventing the recurrence of child physical abuse and neglect for any children within a family where it has already occurred; and, to evaluate the effectiveness of PHN home visitation in improving parenting and child health outcomes hypothesized to be associated with child physical abuse and neglect as evaluated by administration of questionnaires.

Intervention

Abusive/neglecting families who met the inclusion criteria were referred to the study by the two child protective agencies in Hamilton-Wentworth. After signing consent to participate in the study, families were randomized to receive either usual treatment (control group, $n=74$) or usual treatment plus an enriched PHN home visitation program (treatment group, $n=89$). The enriched visitation program consisted of 1.5 hour weekly visits for six months, biweekly visits for six months and then monthly visits for one year. Prior to recruitment of families, PHNs were given a one week educational program. The intervention was individually tailored for each family. It focussed on three areas: parent education about child development and options for parental responses to child behaviour; intensive family support; and, linkage of family members with other services specific to their needs. Fifteen PHNs provided the intervention. PHNs met biweekly with the investigators for on-going supervision and support.

Data Collection

Using standardized tools, data were collected at baseline and annually. They will continue to be collected until November, 2000, so that each family is followed for two years post-intervention. Data collected include demographic information, information about parental risk for abuse, family functioning, child development and the parent-child relationship. As well, qualitative information about the parents' perception of the value of the PHN visitation was collected each year. The primary outcome, recurrence of child physical abuse and neglect is being determined by audit of child protection agency records and hospital records. The primary outcome data will not be available until November, 2000.

Results to Date

Home visitation for the treatment group families has been completed. The mean number of PHN family visits was 39.

For the first 24 visits, PHN assessment of parental response indicated that parents were highly involved in the visit. Parental problem-solving increased rapidly at first to a moderate level and then increased slightly as time progressed. Environmental distraction was low and decreased as visits progressed. Understanding of the material was high and increased slightly over time.

This RCT has a high adult and child follow-up rate (79% and 77%, respectively) over the four years for which data are available, compared to others dealing with this population of transient and sometimes hard-to-reach families. Adult respondents were demographically similar to dropouts except that more males withdrew. Overall, the children in this study have very high rates of behavioural/emotional disorders compared to "normal" children. In most instances, their rates of disorder are higher than students in a school for behaviourally disturbed children.

Summary

The final results of this study will be of interest to social and health policy makers and program planners. Very few interventions aimed at preventing the recurrence of child maltreatment have undergone rigorous evaluation. Yet it is essential to have knowledge about the effectiveness of interventions provided to families where child physical abuse or neglect has occurred. If the intervention is effective, consideration can be given to implementing this intervention more broadly. If the analysis shows that the intervention is not effective, it will be important to understand why an intensive, theoretically based intervention that has been shown effective with high-risk families (before abuse occurs), does not reduce the recurrence of child physical abuse and neglect. This could have important implications for treatment of families where abuse has occurred.

Acknowledgements

Collaboration of the Hamilton-Wentworth Social and Public Health Services, the Children's Aid Society of Hamilton-Wentworth and the Catholic Children's Aid Society were essential for the completion of this study. The FCS was funded by NHRDP for the first six years. Additional support was also provided by the Hamilton-Wentworth PHRED program.

SPECIAL EVENTS

On Friday October 27th, the Canadian Medical Hall of Fame (CMHF) in conjunction with McMaster University hosted a Youth Symposium in Hamilton. The symposium was designed to motivate students in Grades 11 through OAC who are interested in pursuing a career in medical science and related health professions.

This symposium was hosted at the local hospitals followed by a workshop at Social and Public Health Services at the 35 King Street East site. At each site a career panel allowed the students to interact directly with professionals. Ornella Tolomeo, a Public Health Nurse, (Community Support and Research Branch), Eric Matthews, a Public Health Inspector (Communicable Disease Branch) and Gwen Ripco, a Physical Activity Promoter (Healthy Lifestyles Branch) were panel presenters.

Students attended one of 5 Public Health workshops:

Healthy Babies (Kimberly Kempa), Public Health Inspectors (Veronica Kozelj), Communicable Disease (Karen Jackson and Ken Brown), Healthy Lifestyles (Cathy McNally and Lesia Hucal), Street Health (Maria Collins and Linda Veenhuis)

For more information please contact Karen Moncrieff or Ornella Tolomeo of Community Support and Research Branch.
Both at: (905) 540-5913.

EPHPP

One initiative within PHRED is the Effective Public Health Practice Project (EPHPP). The EPHPP conducts systematic reviews and writes summary statements of published systematic reviews that evaluate the effectiveness of interventions relevant to public health.

Systematic Reviews in Progress

- The effectiveness of public health strategies to reduce or prevent the incidence of low birth weight in infants born to adolescents.
- Are school based interventions targeted at promoting physical activity in children and adolescents aged 6-18 years effective?
- Effectiveness of clinic based strategies to increase cervical cancer screening.
- The effectiveness of public health interventions in food safety: a systematic review.

Summary Statements of Systematic Reviews in Progress

- The effectiveness of telephone intervention as a delivery strategy within the scope of public health nursing practice.
- Mass media interventions: effects on health services utilisation.
- Is video an effective tool for health education?
- House dust mite control measures for asthma.

You can find more information and a list of completed reviews and summary statements at the City of Hamilton & Region of Hamilton-Wentworth, Social and Public Health Services Division Site (<http://health.hamilton-went.on.ca>). Just click on Effective Public Health Practice Project under NEW.

You can contact the EPHPP at ephpp@city.hamilton.on.ca

PRESENTATIONS

May

Feightner, KL., Gardner, JS., **Wong, K.,** Boyle, MH., Offord, DR. "Stakeholder Use of a Community-Level Social Report on the Well-being of Children and Youth in Hamilton-Wentworth: An Evaluative Protocol". Canadian Evaluation Society Conference, Montreal. May 17, 2000

June

Brunetti, G., Tomasik, HH., Taraba, L. "Social Marketing Tools Used to Support the Development of a Community-Based Physical Activity Initiative". Poster Presentation at the Innovations in Social Marketing Conference, Washington, D.C. June 11-13, 2000.

Invited Speaker:

Valaitis, R. "Computer Mediated Communication: An Innovative Tool to Support Youth in a School Based Community Development Project", 5th Annual EvNet Conference, Cornwall, Ontario. May 30 – June 3, 2000

July

Valaitis, R., Ciliska, D. "A Systematic Review of Electronic Social Support Groups". Poster Presentation at the 18th Annual International Computer and Technology Conference, Washington, D.C. July 2000.

Valaitis, R. "Youths' Perceptions of Computer Technology as a Tool to Support in School-Based Community Development". Poster Presentation at the 18th Annual International Computer and Technology Conference, Washington, D.C. July 2000.

PUBLICATIONS/REPORTS

Hamilton-Wentworth Social and Public Health Services Division/Public Health Research, Education Development (PHRED) Program, City of Hamilton. Region of Hamilton-Wentworth. 1999 Inventory and Summary of Research, Education and Development Activities. July 2000.

Kreps, BC., Feightner, K., Chambers, L., Suggett, B., Tomasik, HH., Taylor, T. 1999 Hamilton-Wentworth Health Survey Second-hand Smoke and Municipal Tobacco By-law Descriptive Report. Hamilton-Wentworth Social and Public Health Services Division, City of Hamilton / Region of Hamilton-Wentworth. May 2000

Wazana, A., Rynard, VL., Raina, P., Krueger, P., **Chambers, LW.** Are Child Pedestrians at Increased Risk of Injury on One-way Compared to Two-way Streets? Canadian Journal of Public Health. 2000;91(3):201-206.

Williams, RC., Isaacs, S., Decou, ML., **Richardson, EA., Buffett, MC.,** Slinger, RW., Brodsky, MH., Ciebin, BW., Ellis, A., Hockin, J., and the E.coli O157:H7 Working Group. Illness outbreak associated with Escherichia coli O157:H7 in Genoa salami. Canadian Medical Association Journal. 2000;162(10):1409-1414.

Burden, T., **Sheeshka, J.,** Hedley, M., Lero, DS., Marsh, S. Development, Implementation, and Evaluation of a Nutrition Education Program for Informal (Unlicensed) Child Caregivers. Journal of Nutrition Education. 2000;32(2):104-110.

Campbell, M., Buckeridge, D., Dwyer, J., Fong, S., Mann, V. **Sanchez-Sweatman, O.,** Stevens, A. A Systematic Review of the Effectiveness of Environmental Awareness Interventions. Canadian Journal of Public Health. 2000;91(2):137.

Valaitis, R. Community Computing to Support Population Health: Technology Access, Services, Perceptions, and Policies in Hamilton-Wentworth. PHERO. 2000;11(5):91-94.

RESEARCH AROUND AND ABOUT

External

..... Title: Development and Evaluation of Strategies to Disseminate the Findings of Systematic Reviews

Principal Investigator: **Dobbins, M.**
 Co-Investigators: Rootman, I., Green, L., Cameron, R.

Amount: \$255,477
 Source: NHRDP
 Term: October 2000 – Sept. 2002

..... Title: Exploring the Process of Evidence-Based Decision-Making among Public Health Decision-Makers and Local Board of Health Members in Ontario

Principal Investigator: **Dobbins, M.**
 Co-Investigators: **Thomas, H., Ciliska, D., Brunton, G.**

Amount: \$11,200
 Term: Sept. 2000 – Sept. 2001

..... Title: Breathing Space

Principal Investigator: **Kreps, B.**
 Co-Investigators: Partnership with six Health Departments

Amount: \$815,661
 Source: Ontario Ministry of Health and Long Term Care – Ontario Tobacco Strategy Renewal
 Term: July 2000– September 2000

.... Title: Hamilton DataSHARE Network – year Two

Principal Investigator: **Feightner, K.**
 Co-Investigators: Social & Public Health Services Division / PHRED Program; Community Planning and Development; Corporate Services; Hamilton Public Library; CCAC; District Health Council; Social Planning & Research Council; McMaster University, Faculty of Health Sciences; School of Nursing; Dept. of Family medicine; CHEPA

Amount: \$30,000
 Source: Hamilton Community Foundation
 Term: Sept. 2000 – August 2001

External (Portion Internal)

..... Title: Hamilton-Wentworth Youth Net Satellite Program

Principal Investigator: **Voorberg, N.**
 Co-Investigators: MacIntosh, C., May, G., Byrne, C.

Amount: \$45,000
 Source: National Child Benefit Reinvestment Group
 Term: April 2000 – March 2001

External

..... Title: Regional Anger Management Project
 Principal Investigator: Lewis, D., Fewster, A., **Voorberg, N., Williams, L.**

Co-Investigators:
 Amount: \$40,000
 Source: Hamilton Community Foundation
 Term: July 2000 – June 2001

Research Projects Initiated:

..... Title: Consumer Focus Groups to Identify Eat Smart! Program Promotion and Evaluation Strategies
 Authors: Brunetti, G., LaVigne, K., Tomasik, HH.
 Term: August 2000 – Dec. 2000

..... Title: Informal Discussion Groups to Identify Content Interest for a Health Publication for Youth
 Authors: **Bolen, R., McNally, C., Brunetti, G. Tyrell, A., Dahl, D.**
 Term: May 2000 – Oct. 2000



City of Hamilton / Regional Municipality of Hamilton-Wentworth
 SOCIAL AND PUBLIC HEALTH SERVICES DIVISION

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